RATCHET PATROL

A Networking Newsletter

about the UFO "Abduction" Phenomenon

for Interested Scientists

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In This Issue:

Send contributions for publication,
and requests for subscription information, to:

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Forum 1 **EDITOR'S CORNER**

(1) Apologia

Software problems forced me to produce issue #2 in this format. These problems should be resolved within the next few weeks, so issue #3 should look even more attractive than #1!

(2) Ratchet Patrol: In Search of a Name

The hardest thing about preparing this newsletter is deciding on an appropriate name. RATCHET PATROL has so far met with mixed reviews. One reader feels it sounds too much like "rat-shit patrol." Another feels that it's too obscure.

I'll keep RATCHET PATROL until all the votes are in. In the meantime, some other names have been suggested. I would appreciate input (as usual).

POSSIBLE NAMES:

- -Interface
- -NewsNet
- -Newsletter of Things You Don't See Everyday
- -Collective Conscience
- -AbNews ("Abduction News")
- -The Virtual Community
- -Vanguard
- -Leading Edge
- -Cutting Edge

(3) Much of the material in this issue arrived in early February. That's why RP#2 is a little late.

Forum 3 **MEMBERSHIP CRITERIA**

I have not yet formalized the membership board that I discussed in issue #1. I still hold to those ideas (which I reproduce from issue 1):

RP is intended for mental health professionals, UFOlogists, scientists of all disciplines, and legislators/policymakers. Since this is supposed to be a scientific analysis (in the best possible use of the word "scientific" - collecting data, forming and testing hypotheses), participants should be abale to bring some skill or knowledge to the group that will enhance this effort. Interest in the UFO or abductee issue alone is not sufficient justification to gain membership.

Those interested in participating in the debate are certainly valued, but would probably find other forums more appropriate. Chief among these are Budd Hopkin's imminent I.F. newsletter, targeted towards the abductee population.

This discussion is still open. As before, subscription rates (that partially defray postage and reproduction costs) are $1 for a sample issue or $20 for a one-year subscription (12 consecutive issues).

NETWORKING

Instead of publishing my mailing list, I am going to try a different approach: Each issue I will print the names and addresses of those who have submitted biographical sketches to RP. (The list will not include those participating via pseudonym). This avoids the potential for publishing someone's name against their wishes.

I hope it will also have the effect of stimulating more of you to send in your resumes!

Here are this month's bios. Collect them! Trade them!

Margaret Powell (pseudonym) - extensive psychobiological research experience in both the medical and psychological fields. Maintains an active interest in UFO/Abduction topics.

Kenneth Ring, Ph.D.
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My graduate work was in social psychology at the University of Minnesota. I am currently Professor of Psychology at the University of Connecticut where I have taught since 1962. My main professional identification for the past twenty years has been with the field of transpersonal psychology and for the past dozen years or so my chief research interests have centred on the near-death experience (NDE). In 1980, I co-founded the International Association for Near-Death Studies, an organization which now has branches in a half-dozen coutnries, and I have so far published two books on NDEs, LIFE AT DEATH (1980) and HEADING TOWARD OMEGA (1984).

I got interested in abduction phenomena early in 1987 when I read Whitley Strieber's COMMUNION. Prior to that, I had always given anything connected with UFOs the proverbial wide berth. But Whitley's book hooked me, in part because I felt I could see some possible connections between the spiritual values and planetary concerns Whitley voiced in the aftermath of his experiences and those that I had often heard mentioned by near-death experiencers. In the past three years, I have made an intensive study of abduction phenomena and have recently completed a 15 month-long comparative study of near-death experiencers and persons reporting UFO encounters of various kinds, including many abduction cases. I will be presenting my findings at several conferences (eg TREAT II), in professional journals, and, I expect, in a forthcoming book to be called THE OMEGA PROJECT.

Leo Sprinkle -- update on last issue's bio

I have retired (Prof. Emeritus, Counselling Services) from the U of Wyoming as of Sept 1,

1989. I am in private practice as a Counseling Psychologist. I have assisted 200+ persons in hypnosis sessions. And, I believe that I experienced childhood encounters with entities (human-like) on board alien space craft. I believe that the UFO phenomenon is an educational program that is designed to assist humankind to modify behavior and institutions, so that we change from planetary persons to cosmic citizens.

However, I could be wrong!! We shall see.

Forum 4 - Networking (continued)

Bios contributed in issue #1:

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Forum 5 WHAT ARE THE QUESTIONS?

Last time I suggested some questions that should be addressed:
-incidence and prevalence of abductions
-risk factors (characteristics of an individual or a location that affect the probability of having such an experience)

Here are some questions contributed by the readership. We should keep these in mind as we design our database and investigation protocols:

-document cases of disappearing pregnancies
-prevalence of certain conditions (for instance, alcoholism, drug dependency, anxiety disorders) in the known population of abductees;
-to what extent are abductions a primary cause of the disorders mentioned above?
-what are the most effective treatments/interventions?
-search of the medical and psychiatric literature for reports of abductions that are not recognized as such.
-distribution of positive (enjoyable / enriching) experiences vs negative (traumatic) vs neutral experiences
-case-control studies of abductees with hypnotic regression
-effect on treatment of therapists who have had their own abduction experience

Forum 6 TREATMENT ISSUES

Our #1 priority in this work must be the continued development of a CARING NETWORK for the experiencers. In this light, consider the following:

(a) Training

It is our responsibility to work towards improving the quality of care we render to those we treat, by sharing our techniques and experience, and providing forums to educate those new to the field.

For caregivers new to the treatment of abductees, a introductory package is being prepared. This package would consist of a reading list, selected articles on various aspects of the phenomenon particularly relevant to the therapist, and some case studies. This package should be ready for distribution by the end of March. The package may also be used for presentation to groups of professional peers. We hope to include reproductions of some of Budd's slides.

For those already working in the field, continuing education needs to be provided. Workshops are needed to deal with:

-techniques to teach patients to deal with anxiety and panic
-hypnotic techniques specific to abduction work
-sharing our experience and research on other effective ways to help those in need.

Some preparatory work for these workshops is already underway. Those who are interested in participating should get in touch with me and I will connect you with the right people.

Ultimately we need a handbook to be used by therapists, and a companion handbook for investigators.

(b) Putting the abductee in touch with the appropriate support system

We need a system in place to do this more effectively. For now this canbe done best by the personal networking. We should work to develop ways to do this more effectively. Some ideas that have been proposed include an 800 number, and a directory of therapists. Quality control is an issue here--how do we decide who goes in "the book?" These are issues that need to be decided.

ETHICS

I have received one comment so far on the draft Ethics document, It concerns the sentence in III.5, that read:

"Hypnotic regression for the sole purpose of retrieving abduction material, without a clinical reason to do so, is inappropriate."

The comment went like this:

Hypnosis is not only a therapeutic tool, but can also help a person to find out more about his past. If a healthy person wants to know more about his past, is it really unethical, if a therapist helps him? If the trained therapist follows these guidelines, will he not drive many people into the hands of untrained amateurs? Is it possible to perform serious research and to understand the phenomenon, if we concentrate only on persons who need hypnosis for clinical reasons?

My training and experience in hypnotic regression has been to reinforce my belief in the rule, "If it ain't broke, don't fix it." Regression that is not directed to a clinical problem, but simply to satisfy the patient's curiosity, can produce a whole new set of problems.

Example: A young man I worked with a few years ago came to me in distress. He had been seeing another hypnotherapist to pursue his personal interest in hypnotic regression. During one hypnotic session, the man leaped out of the chair and cried, "My father raped me!" No other material or images related to this statement was obtained under hypnosis, nor did the man have any conscious recollection of such an incident.

He was quite confused and upset. On the one hand, he could remember nothing about his childhood that would even remotely suggest such an event; on the other hand, he did say this under hypnosis, so "it must be true."

In this case, the exclamation "My father raped me" turned out not to be true. The man was confused about his homosexual tendencies, and had gone to the regression sessions hoping to find an answer. His expectations, coupled with the suggestibility of the hypnotic state and some careless leadin questions by the hypnotherapist, produced far more anxiety in this man (by his own estimation) than he had before he started the regressions.

This was what was behind the statement in the ethics paper.

I would appreciate your comments. Gee, maybe this will be our first argument!

Forum 8

ACCEPTANCE

Removing the stigma from the topic of abductions is necessary at some point to allow those traumatized to more easily get the help they are entitled to. It is also needed to be able to access the money, clout and talent in the scientific community.

What is the best way to achieve this validation? Head-on confrontation of the challenge is probably least likely to produce results. It has been tried before, with other areas of UFOlogy, and has met with limited success.

Here is a composite of ideas people have contributed, in the approximate order in which they are most likely to occur.

Stage 1

- Personal contacts and networking, to find the people with the right skill set and some interest in the area, and bring them into the effort.

- Accept the fact that some of these people will be more comfortable, and will be able to make a more effective contribution, if they are allowed to participate quietly and anonymously. This means that some conferences or meeting will be closed, without any intention of slighting anyone.

Stage 2

- Develop a protocol for investigation that is the joint product of ufologists andother professionals that can be widely disseminated.

- Collecting hard evidence to make a "scientifically convincing" case. Amass a database suitable for analysis; be ready to answer the challenges when they come. Add to this database as we learn more.

Stage 3

- Professionals put their work in this area on their professional programs, even if only informally.
- Submit papers to professional journals on any aspect of the phenomenon.

Stage 4

- Encourage qualified professionals to apply for funding from grant agencies.

Stage 5

- One or more scientific/political/social leaders come forward to validate the area.

Stage 6

- A major university founds a UFO research institute

Stage 7

- Our community, now fully multinational, multidisciplinary (religious, sociology, military, government, aerospace, ...) has been able to obtain worldwide acknowldgement that SOMETHING is going on.

- A delegation to the UN?

Forum 9 A COMMON DATABASE

At present, no central database exists, except for Ed Bullard's catalog. MUFON, CUFOS and I.F. are all working on computer databases of abduction phenomena. It would benefit all concerned if these databases were of a compatible format, so that information could be shared.

Contacts are being made to establish a working group between these three organizations and our own family. This working group will cooperate in designing standards for these databases, and helping to decide what information (case histories, demographics, psychological tests, questionnaires, medical data/tests/photos, etc.) should be included.

Interested in helping? Let me know!

Forum 10 MEDICAL COMMITTEE

Part of the research, and building a scientifically credible case, involves collecting medical records: physicians reports, and test results. Documenting cases of unexplained pregnancies and unexplained abortions; scans of suspected implants; photographs of skin lesions like scoop marks; changes in blood typing; and answering questions re interpretation and relevance of more sophisticatedmedical tests like gene mapping and MRI tests.

A team of medical doctors would be best equipped to obtain therecords required, and to make sense out of them. Forming such a team is also a priority.

Interested in helping? Let me know!

ELECTRICAL EFFECTS

The following was contributed by Ken Ring.

There's a new book out by Michael Shallis called THE ELECTRIC CONNECTION which might be relevant to UFO investigators. I haven't had a chance to finish it, but in the first part, Shallis talks about a particular syndrome of "electrical sensitivity." This refers to people who chronically blow fuses, whose digital watches go haywire, who "blow" computers, and generally made a muisance of themselvesa round electric or electronic equipment in causing them to malfunction.

What Shallis found was that these "electrical sensitives" tended to have certain traits in common. For example, they include a high proportion (about 70%) of people who suffer from alelrgies; many of them report a history of psychic experiences including paranormalhealing; a disproportionate number seem to be particualrly sensitive to light and sound and to be emotionally more labile than others.

As it happens, I have just finished a 15-month long study involving nearly a hundred persons who have reported some kind of UFO encounater (we had a control group, too, of persons INTERESTED in UFOs but lacking any significant UFO experience of their own). In one of our questionnaires, we had asked our respondents, in effect, to indicate whether they had noticed a change in any of the above-mentioned factors (allergies, physical sensitivities, paranormal experiences, etc.). ON EVERY SINGLE ONE we inquired into, our UFO experiendcers reported a definite icnrease, showing that as a group they felt they had become more like what Shallis calls "an electrical sensitive." They also reported more frequently causing electrical or electronic malfunctions to equipment afterwards. Exactly the same effect, interestingly enough, was found for a sample of near-death experiencers in this same study.

Is it possible that there is soemthing about BOTH kinds of exprıences that affects an experiencer's electromagnetic field? If so, what mediates that effect? Comments?

Forum 12 INVESTIGATOR VS THERAPIST

I feel very strongly that the health, well being, privacy and integrity of the experiencer must always take priority over the collection of data and solving of the mystery. I discussed this in Forum 6 (Psychotherapy) last time, but I decided it was important enough to give it a separate number.

Another dimension to this potential conflict between investigator and therapist has been pointed out. For the investigator, an experiencer's hypnotic regression is data (subjective, but still data). The therapist, to do his or her job well, must keep in mind that content, in therapy, is often just a metaphor for the patient's unconscious. As soon as the therapist begins to regard a hypnotic regression as a data collection experience, he or she becomes to some extent emotionally detached from the patient. Rapport is lost, and the therapist is less effective.

We need to develop ways to deal with this problem. One alternative that has been suggested is that therapist and investigator should work in partnership. For instance, the therapist could, with the permission of the patient, tape record their sessions. This tape recording could be reviewed later by a ufologist.

Often the data gatherer must assume the role of emotional supporter or therapist because there are no therapists available (who would treat the experiencer in a non-judgemental way). The investigator needs to have some training in dealing with this aspect of the situation. A code of ethics for investigators would be useful, too.

Suggestions? Opinions?

What are you thinking? Write it down and send it to me!
Comments on the contents of this issue?
Areas you want to discuss?
Working groups you want to participate in (or form)?
Got a better name than RATCHET PATROL?
All contributions welcome!

Deadline for insertion in next issue is March 24.
For subscription information, see Forum 3, Membership Guidelines.